PTO/SB/01A (10-00

Approv Juse through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number

AUG 1 7 2000 ECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

a	•									
As the below nar	med inve	entor(s),	I/we declare th	nat:						
This declaration	is direct	ed to:								
	☐ The attached application, or									
	\boxtimes	Applica	ition No. <u>09/68</u>	31,973, filed on <u>7/2/01,</u>						
		as	amended on _	(if applicable);						
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;										
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;										
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and										
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.										
FULL NAME OF	INVENT	OR(S)	•							
Inventor one:	KIERA	N O'HAF	RE							
Signature:	<u></u>	ear	D' Har	Citizen of:	UNITED KINGDOM					
Inventor two:		& - + -								
Signature:				Citizen of:						
Inventor three:										
Signature:				Citizen of:						
Inventor four:										
Signature:				Citizen of:						

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

additional form(s) attached hereto.

☐ Additional inventors are being named on _

		Application Number	09/681,973		
		Filing Date	7/2/01		
POWER OF ATT	ORNEY OR	First Named Invent r	KIERAN O'HARE	IERAN O'HARE	
AUTHORIZATION	OF AGENT	Title	TWO-IN-ONE SH E	TWO-IN-ONE SH E COMP NENT UNKNOWN	
		Group Art Unit	UNKNOWN		
		Examiner Name	UNKNOWN		
		Attorney Docket Num	per CM-1015 US NA		
I hereby appoint: Practitioners at Custome OR	er Number	23906	· -	23906* I TRADEMARK OFFICE	
Practitioner(s) named be	elow:				
	Name		Registration Number		
·					
as my/our attorney(s) United States Patent a Please change the correspo The above-mentioned COR Practioners at Custome OR	and Trademark Office condence address for Customer Number	···-	ation to:	all business in th	
United States Patent a Please change the correspo The above-mentioned COR □ Practioners at Custome OR □ Firm or	and Trademark Office condence address for Customer Number	e connected therewith.	ation to:		
United States Patent a Please change the correspo	and Trademark Office condence address for Customer Number	e connected therewith.	ation to:		
United States Patent a Please change the correspond on the above-mentioned of the correspond on the c	and Trademark Office condence address for Customer Number	e connected therewith.	ation to:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
United States Patent a Please change the correspond of the above-mentioned of the correspond of the above-mentioned of the above-mention	and Trademark Office condence address for Customer Number	the above-identified applic	Place B		
United States Patent a Please change the correspond of the above-mentioned of the correspond of the above-mentioned of the above-mention	and Trademark Office condence address for Customer Number	e connected therewith.	ation to:	194,444	
United States Patent a Please change the correspond of the above-mentioned of the correspond of the above-mentioned of the above-mention	and Trademark Office condence address for Customer Number	the above-identified applic	Place B	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
United States Patent a Please change the correspo The above-mentioned Cor Practioners at Custome OR Firm or Individual Name Address	and Trademark Office condence address for Customer Number	the above-identified applic	Place B		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Name

Signature Date KIERAN O'HARE

*Total of 1 forms are submitted.

August

Submit multiple forms if more than one signature is required, see below*.

2001